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Bib Data Sheet

CONFIRMATION NO. 5865

<b>SERIAL NUMBER</b> 09/841,371	<b>FILING DATE</b> 04/24/2001 <b>RULE</b>	<b>CLASS</b> 053	<b>GROUP ART UNIT</b> 3721	<b>ATTORNEY DOCKET NO.</b> 64,149-099
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**APPLICANTS**

Jean-Claude Thibault, Saint Egreve, FRANCE;  
Hubert Jansen, Jarrie, FRANCE;  
Volker Niermann, Little Falls, NJ;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A CIP OF 09/732,538 12/08/2000  
AND IS A CIP OF 09/421,657 10/20/1999 ABN  
WHICH IS A CIP OF 09/168,502 10/08/1998 PAT 6,382,442  
AND CLAIMS BENEFIT OF 60/082,372 04/20/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 06/15/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

Raymond E. Scott  
Howard & Howard Attorneys, P.C.  
Suite 101  
39400 Woodward Avenue  
Bloomfield Hills, MI 48304-5151

**TITLE**

Method of sealing a cartridge or other medical container with a plastic closure

<b>FILING FEE RECEIVED</b> 782	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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This application is a CIP of 09/732,538 12/08/2000  
 and is a CIP of 09/421,657 10/20/1999 ABN - *Eloshway*  
 which is a CIP of 09/168,502 10/08/1998 PAT 6,382,442 *Eloshway*  
 and claims benefit of 60/082,372 04/20/1998

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<b>FILING FEE RECEIVED</b> 912	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit